

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. GG1445614 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51					
2		4	1				52					
3		1	1				53					
4							54					
5		1	1				55					
6	1						56					
7		1		1			57					
8		1					58					
9		1					59					
10	1						60					
11							61					
12		1					62					
13	1						63					
14							64					
15		1					65					
16		1					66					
17							67					
18							68					
19							69					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4		4									
TOTAL DEP.	9	1	3	1								
TOTAL CLAIMS	13		7									